PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

Akio SUGIHARA

PUBLICATION

FEE

TITLE OF INVENTION: COMPOSITION OF SOLIFENACIN OR SALT THEREOF FOR USE IN SOLID FORMULATION

ISSUE FEE

\$0

FILING DATE

09/25/2006

WASHINGTON DC SUGHRUE/265550

CUSTOMER NUMBER

APPLICATION NO.

10/594.127

APPLN, TYPE

nonprovisional

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800

SMALL

ENTITY

NO

WASHINGTON, DC 20037

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

TOTAL FEE(S)

DUE

\$0

CONFIRMATION NO.

8975

DATE DUE

09/12/2011

ATTORNEY DOCKET NO.

097391

PREV. PAID ISSUE FEE

\$1510.00

EXAMINER		ART UNIT		CLASS-SUBCLASS				
Niloofar RAHMANI		1625		514-305000				
1. Change of correspondence address or indication of "Fee Address" (37 C			1.363 2. For printing on the patent front page list 1			 Sughrue Mion, PLLC 		
☐ Change of correspondence address (or Change of Correspondence Ac PTO/SB/122) attached.		e Address form	ss form (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			2		
□ "Fee Address" indication (or "Fee Address" Indication form PTOS 03-42 or more recent) ATTACHED. Use of a Customer Number is requ			member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			3	_	
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)p								
Astellas Pharma Inc. Tokyo	okyo, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗹 Corporation or other private group entity 🗆 Government								
4a. The following fee(s) are submitted:			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☑ Issue Fee		☐ A check	☐ A check is enclosed.					
☐ Publication Fee (No small entity discount permitted)		Payment by	Payment by credit card. Form 1310-2038 is attached.					
Advance Order - # of Copies			□ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.					
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5. Change in Entity Status (from status indicated above)								
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
□The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any								
previously paid issue fee to the application identified above.								
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Authorized Signature	/Jennifer M. Hayes/		Date		Septem	aber 9, 2011		
Typed or Printed Name	Jennifer M. Hayes		Registr	ation No.	40,641			
Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.								